

Values Statement

of

(Name)

Health care decisions often involve complex and difficult choices. For that reason I have prepared this **Values Statement** as an accompanying document to my Living Will and my Durable Power of Attorney for Health Care.

This Values Statement reflects my beliefs and values as to the choices and decisions I will make if capable of my own decision making. It also reflects accurately the choices and decisions I want made on my behalf if I am unable to make my own decisions.

I have noted my beliefs and choices about such matters as preserving my quality of life, staying true to my beliefs and values, leaving good memories for family and friends, and dying in a short while rather than lingering.

I have also set forth my thoughts and feelings about specific treatment options which will likely arise.

I am aware that others may not agree with my values and choices, but they are thoughtfully held by me. Thus I hope they will be honored and respected by those who must make decisions on my behalf at such time as I am unable to do so.

Date: _____ Signature: _____

Further note:

As noted above, I have completed both a Living Will and a Durable Power of Attorney for Health Care. My attorney-in-fact is:

Name _____

Street _____

City _____

Phone numbers _____

General Values

Listed below are 15 general values. Indicate on a scale of 4 (very important) to 0 (not important) their relevance to you.

	Very Important			Not Important	
Letting nature take its course	4	3	2	1	0
Preserving my quality of life	4	3	2	1	0
Staying true to my values and beliefs	4	3	2	1	0
Living as long as possible, regardless of quality	4	3	2	1	0
Being independent	4	3	2	1	0
Avoiding being a burden to others	4	3	2	1	0
Being comfortable and as pain free as possible	4	3	2	1	0
Leaving good memories for family and friends	4	3	2	1	0
Making a contribution to medical research/teaching	4	3	2	1	0
Being able to relate to family and friends	4	3	2	1	0
Being free of physical limitations	4	3	2	1	0
Being mentally alert and competent	4	3	2	1	0
Being able to leave money to family, friends, charity	4	3	2	1	0
Dying in a short while rather than lingering	4	3	2	1	0
Avoiding expensive care no matter who bears the cost	4	3	2	1	0

Other Choices

What will be important to you when you are dying (for example, physical comfort, no pain, being alert, family members present, etc.)?

How do you feel about the use of life-sustaining procedures in the face of terminal illness? Permanent coma? Irreversible chronic disease (for example, ALS or Alzheimer's disease)?

Date: _____

Your Initials: _____

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What is your general attitude about the value of independence and control in your life?

What is your general attitude about death and dying?

How important are the following capacities to you:

Physical mobility?

Eyesight?

Hearing?

Reasonable mental capacity?

Do you have strong feelings about particular medical procedures? Some procedures you may want to make decisions about include the use of respirators, CPR, feeding tubes, antibiotics, kidney dialysis, intensive care, pain medication, chemo or radiation therapy, and surgery.

Would you want to avoid certain treatments only when death was certain, or also when you would probably be left extremely incapacitated as an outcome?

Would you want to have financial matters taken into account when treatment decisions are made?

In general, do you wish to participate or share in making decisions about your healthcare and treatment, and have your designated representative(s) do so if you are incapacitated?

Would you always want to know the truth about your condition?

Date: _____

Your Initials: _____

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Would you want to be an organ donor at the time of your death?

Date: _____

Your Initials: _____

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